

**MONTANA DEPARTMENT OF FISH, WILDLIFE AND PARKS
APPLICATION TO CAPTURE/KEEP
HAWKS, FALCONS, OSPREY, OWLS & EAGLES IN CAPTIVITY**

Name _____

Telephone No. _____ ALS# _____

Address _____
Street
City
State
Zip

Class of permit being applied for _____ Total years licensed to practice falconry _____

Where licensed previously_(if applicable) _____

(Please include copy of previous license(s) with this application)

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Apprentice class only:

Name of Sponsor _____ License No. _____

Sponsor's Signature _____ Date _____

Parent or Guardian's Signature _____ Date _____

(Required if applicant is under 18 years of age and indicates assumption of responsibility for falconry activities)

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List information below for each raptor now in your possession:

	Species	Sex	Age	Band #	Source Acquired	Date Acquired
(1)	_____					
(2)	_____					
(3)	_____					

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I hereby certify that I have read and am familiar with the regulations contained in title 50, part 13, of the Code of Federal Regulations, the other applicable parts in subchapter B of chapter 1, title 50, Code of Federal Regulations, and the Montana falconry regulations and statutes. I further certify that the information submitted in this application for a permit is complete and accurate to the best of my knowledge and belief.

Applicant Signature_____
Date_____
Parent or Guardian_____
Date

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Fees Enclosed (Check or Money Order)

Montana Department of Fish, Wildlife & Parks \$125.00 _____

(Fee for a first time apprentice falconry license is \$50) _____

FORWARD COMPLETED APPLICATION TO FWP ENFORCEMENT, P.O. BOX 200701, HELENA, MT 59620-0701

FALCONRY INSPECTION REPORT
(For department use only)

PART 1 – FACILITIES

Address of Location _____

A. MEWS Dimensions: Length _____ Width _____ Height _____

- | | Yes | No |
|---------------------------------------------------------------|-----|----|
| 1. Space to allow raptor(s) to fully extend wings | — | — |
| 2. At least one window provided | — | — |
| 3. Each window with vertical bars/rods on inside | — | — |
| 4. At least one secure door – can be easily cleaned | — | — |
| 5. Floor surface dry or well drained – can be easily accessed | — | — |
| 6. One perch of an acceptable design for each raptor | — | — |

Type: Shelf _____ Screen _____ Block _____

B. WEATHERING AREA Dimensions: Length _____ Width _____

- | | | |
|------------------------------------------------------------------------------------------------|---|---|
| 1. Space to allow tethered raptor(s) to bate without striking wings on side or top of facility | — | — |
| 2. Sides of facility fenced with suitable material to exclude predators | — | — |

Type of fencing _____

C. ENVIRONMENTAL PROTECTION:

The facilities singly or in combination, provide adequate protection to the raptor(s) from

- | | | |
|-------------------------------------------------|---|---|
| 1. Excessive heat (mid-day shade provided) | — | — |
| 2. High winds and winter storms | — | — |
| 3. Avian and ground predators | — | — |
| 4. Disturbance, which would likely cause injury | — | — |

PART 11 – EQUIPMENT

A. RAPTOR EQUIPMENT

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 1. One pair of Alymeri (style) jesses for each raptor. An Alymeri jess consists of an anklet, grommet, and a removable strap for attaching the anklet and grommet to the swivel. | — | — |
| 2. One swivel of an acceptable or approved design for each raptor | — | — |
| 3. A reliable weighing scale or balance graduated in increments of not more than ½ ounce (15 grams) | — | — |
| 4. Log book available and up to date | — | — |

PART III – CERTIFICATION

- ____ Fees enclosed
- ____ Species and band numbers match those listed on application
- ____ APPROVED – Facilities and equipment meet Federal/State standards.
- ____ PROVISIONAL APPROVAL – Except as indicated below, facilities and equipment meet Federal/State standards. Applicant agrees to correct all deficiencies within 30 days.
- ____ DEFICIENCIES _____

Applicant – I agree to correct deficiencies, if any, within 30 days and to maintain facilities/equipment, at or above Federal/State Standards.

Signature _____ Class Permit Recommended _____

Number and species recommended for license:

No. _____ Species _____ No. _____ Species _____ No. _____ Species _____

Signature of Inspecting Officer

Date

Regional Office Approval

Date

Helena Office Approval

Date

REMARKS AND COMMENTS: _____